

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
DV/4-32408A
APPLICATION NO.
10/508,822
APPLICANT
AUSBORN ET AL.
FILING DATE
SEPTEMBER 7, 2004Group
1614

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	TRADEMARK OFFICE	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
		AA					
		AB					
		AC					
		AD					
		AE					
		AF					
		AG					
		AH					
		AI					
		AJ					
		AK					
		AL					

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	TRANSLATION NO
<i>The Search were not available in EDAN</i>	AM	EP 0 400 522	12/5/90	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AN	EP 0 418 153	3/20/91	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AO	EP 0 474 098	3/11/92	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AP	EP 0 998 917	5/10/00	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	EP 1 277 787	1/22/03	Europe			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER /Destra Yebassa/

DATE CONSIDERED

10/26/2007

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



Sheet 2 of 2

ATTY. DOCKET NO.
DV4-32408A
APPLICATION NO.
10/506,822
APPLICANT
AUSBORN ET AL.
FILING DATE
SEPTEMBER 7, 2004

Group
1614

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES <input type="checkbox"/> NO <input type="checkbox"/>
/DY/	CA	WO 00 03660	1/27/00	PCT			<input type="checkbox"/> <input type="checkbox"/>
/DY/	CB	WO 00 56282	9/28/00	PCT			<input type="checkbox"/> <input type="checkbox"/>
/DY/	CC	WO 01 83594	11/8/01	PCT			<input type="checkbox"/> <input type="checkbox"/>
	CD						<input type="checkbox"/> <input type="checkbox"/>
	CE						<input type="checkbox"/> <input type="checkbox"/>
	CF						<input type="checkbox"/> <input type="checkbox"/>
	CG						<input type="checkbox"/> <input type="checkbox"/>
	CH						<input type="checkbox"/> <input type="checkbox"/>
	CI						<input type="checkbox"/> <input type="checkbox"/>
	CJ						<input type="checkbox"/> <input type="checkbox"/>
	CK						<input type="checkbox"/> <input type="checkbox"/>
	CL						<input type="checkbox"/> <input type="checkbox"/>
	CM						<input type="checkbox"/> <input type="checkbox"/>
	CN						<input type="checkbox"/> <input type="checkbox"/>
	CO						<input type="checkbox"/> <input type="checkbox"/>
	CP						<input type="checkbox"/> <input type="checkbox"/>
	CQ						<input type="checkbox"/> <input type="checkbox"/>
	CR						<input type="checkbox"/> <input type="checkbox"/>
	CS						<input type="checkbox"/> <input type="checkbox"/>
	CT						<input type="checkbox"/> <input type="checkbox"/>
	CU						<input type="checkbox"/> <input type="checkbox"/>
	CV						<input type="checkbox"/> <input type="checkbox"/>
	CW						<input type="checkbox"/> <input type="checkbox"/>
	CX						<input type="checkbox"/> <input type="checkbox"/>
	CY						<input type="checkbox"/> <input type="checkbox"/>
	CZ						<input type="checkbox"/> <input type="checkbox"/>

EXAMINER

/Destra Yebassa/

DATE CONSIDERED

10/26/2007

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.